

2014 001891

2014 JAN 14 AM 10:58

MICHAEL B. BROWN  
RECORDER

RELEASE OF RECORDED LIEN 2013 090873 DATED December 12, 2013

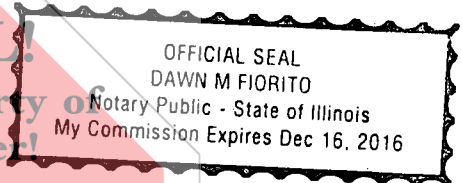
Hospital Reimbursement Services, Inc., agents for St. Anthony Hospital, Crown Point, for and in consideration of payment and/or benefits totaling \$1,321.00, the receipt of which is hereby acknowledged, does release and discharge the Hospital Lien of Tammy Byers that now exists against all parties, including Nationwide Insurance, as a result of **Tammy Byers's** treatment, account number: 613169100, treatment date: 10/31/2013, arising out of an accident which occurred on or about 10/31/2013.

I have read the above Release and I hereunto set my hand and seal this 9<sup>th</sup> day of

January, 2014.

St. Anthony Hospital, Crown Point

BY: Neil J. Greene  
Neil J. Greene  
Hospital Reimbursement Services, Inc.  
As Agent



STATE OF ILLINOIS )

)SS

COUNTY OF LAKE )

On this 9<sup>th</sup> day of January, 2014, before me personally came Neil J. Greene, known to me to be the individual who executed this Release and acknowledge that he fully understands its contents and freely executed same as his free and voluntary act.

Dawn M Fiorito  
RECORDED & INDEXED  
SEAL  
INDIANA

Lake County  
File No.: 13-67832

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